



2015

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**CITY OF SALEM**  
**RETURN OF MOBILE HOMES**  
(THIS FORM MUST BE RETURNED BY )

Account #

Please Correct name, address and mobile home information where necessary. This form must be returned to our office by

<u>YEAR</u>	<u>MAKE</u>	<u>MOBILE HOME ID NUMBER</u>	<u>TITLE</u>	<u>L &amp; W</u>	<u>Lot/slip/unit:</u>
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WAS THIS MOBILE HOME LOCATED IN SALEM ON ?	YES	NO
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IS THE NAME ABOVE THE OWNER OF THIS MOBILE HOME ON ?	YES	NO
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IF EITHER ANSWER IS NO, PLEASE PROVIDE NAME & ANY INFORMATION AVAILABLE ABOUT THE NEW OWNER \_\_\_\_\_

Signature of Taxpayer	Date
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Co-Taxpayer or Spouse	Phone
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ANY MOBILE HOME/VEHICLE PURCHASED MUST BE REPORTED TO THIS OFFICE WITHIN 30 DAYS FROM THE DATE OF PURCHASE OR THERE WILL BE A 10% LATE FILING PENALTY.

LINDA M. CARROLL  
COMMISSIONER OF THE REVENUE  
114 N. BROAD ST. P.O BOX 869 SALEM, VA 24153  
PHONE 375-3019 FAX 375-3048